


The Paperwork Reduction Act of 1995(Pub.L. 104-13)

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OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx



U.S. Department of Health and Human Services

# FPLS State Services Portal

Administration for Children & Families

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## Federal Collection and Enforcement

- Case Query
- Trace Number Query**
- Address Query
- Pre-Offset Notice Query
- Local Contact Address Query
- Local Contact Address Update**
- Transaction Submission
- Online Transaction Maintenance
- Passport Denial
- Passport Emergency Release
- File Upload
- File Download

### Transaction Submission - Update






#### Identifying Information

NCP Name: PUBLIC, JOHN  
SSN: 123-XX-6789  
State: KS

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#### Update Transaction

Only enter fields that are to be changed.

Current Case:	Enter Changes:
Case Type: TANF	
NCP Last Name: PUBLIC	<input type="text"/>
NCP First Name: JOHN	<input type="text"/>
Local Code: 005	<input type="text"/>
Arrears Amount: \$658.00	<input type="text" value="\$1,200.00"/> 
Case ID: 0006318930	<input type="text"/>
Exclusions:	<input type="checkbox"/> ADM <input type="checkbox"/> RET <input type="checkbox"/> VEN <input type="checkbox"/> TAX <input type="checkbox"/> PAS <input type="checkbox"/> FIN <input type="checkbox"/> INS <input type="checkbox"/> DCK  <input type="checkbox"/> REMOVE ALL 
Address Line 1: 100 West Street	<input type="text" value="140 West Street"/>
Address Line 2:	<input type="text"/>
City: TOPEKA	<input type="text"/>
State: KANSAS	<input type="text" value="-Select-"/>
ZIP Code: 12345-0000	<input type="text"/> - <input type="text"/>
Country: USA	<input type="text" value="USA"/> 
Postal Code:	<input type="text"/>
PON Request:	<input type="radio"/> Yes <input checked="" type="radio"/> No 

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# CHILD SUPPORT PORTAL

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## Trace Number Query

\* Indicates required field

**Trace Number Search**

\* Trace Number:

**Trace SSN**

Trace SSN: 0042XX580

### Manual Payment (MPY) Information

Case Type: TANF  
Payment Amount: \$685.00  
Collection Cyde: 201709  
BFS Payment Date: 03/01/2017  
OCSE Process Date: 03/02/2017  
Collection Name: John Public  
Collection Address:

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**\*\*\* Page may contain Federal Tax Information \*\*\***

**Trace Number Query**  
\* Indicates required field

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**Trace Number Search**


\* Trace Number:

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**Trace SSN**



Trace SSN: 0042XX580

**TAX Reversal Information**

Case Type: TANF  
State: MD  
Adjustment Amount: \$1,000.00  
Collection Cycle: 201528  
Offset Adjustment Year: 2015   
Reversal Type: Full  
Reversal Reason Code: 0001 - Injured Spouse  
OCSE Process Date: 07/16/2015

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**TAX Offset Information**

Case Type: TANF  
Offset Amount: \$1,000.00  
Collection Cycle: 201518  
BFS Offset Date: 05/04/2015  
OCSE Process Date: 05/07/2015  
Collection Name: John Doe & Mary Doe  
Collection Address:   
Injured Spouse Indicator: Yes  
State Fraud Request Date: 06/01/2015   
IRS Fraud Response Date: 06/29/2015  
IRS Fraud Response Status: No

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### Passport Emergency Release Entry

\* Indicates required field

#### Passport Emergency Release Information

Submitted Date: 10/30/2014

\* Issuing Authority:  Passport Agency  Passport Embassy

#### Individual Being Released

Has the individual been released from the Passport Denial Program?  Yes  No

\* Name:

\* SSN:

\* Date Of Birth:   
mm/dd/yyyy

\* Gender:  MALE  FEMALE

\* Place Of Birth:   
State: MD

\* Withdrawal Date:   
mm/dd/yyyy

\* Telephone No:

#### Passport Emergency Release Reason

The state Child Support Enforcement agency submitted the SSN in error.

#### Passport Emergency Release Submitter

\* Submitter Name:

\* Submitter Email:

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- Success Story Admin
- Passport Emergency Release
- Passport Emergency Release Admin

### Passport Emergency Release

\* Indicates required field

#### Passport Emergency Release State & SSN

State:

\* SSN:

#### Passport Emergency Release Reason


- This individual needs a passport due to a family emergency.
- This individual has an appointment today or within the next few days.
- This individual has an application at either the Special Issuance Passport Agency or an Embassy.
- The state Child Support Enforcement agency submitted the SSN in error.
- This individual has not exceeded the minimum threshold for passport denial certification.
- This individual does not have and has never had a child support case with the Federal Office of Child Support.

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[Success Story](#)

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### Passport Denial Certify/Withdraw

#### Obligor Information

SSN: 123 XX 6789  
State: Kansas  
Last Name: PUBLIC  
First Name: JOHN  
Gender: Male  
DOB: 12/30/1958  
Place of Birth: WASHINGTON, D.C.

#### Case Information

Case Type: TANF	Case Type: Non-TANF
Case Status?: Yes	Case Status?: No
PAS Exclusion?: Yes	PAS Exclusion?: No

Other States With Active Cases: [AL](#) [MD](#) [NM](#) [WV](#)

#### DOS Information

DoS Status: AT DOS FROM SINGLE CASE  
Certify Date: 12/18/2005  
Withdrawal Date:  
Other States Denying Passport: [AL](#) [NM](#) [WV](#)

Select Certify or Withdraw and Enter Amount

Certify  
 Withdraw

Amount Paid: \$  .00

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